

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SMM/H | | 08-14-01 |
| O.I.P.E. CLASSIFIER | | 112 | 08-14-01 |
| FORMALITY REVIEW | MH | 920 | 09-13-C1 |
| RESPONSE FORMALITY REVIEW | | | |
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INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

| Claim | Date |
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| Final | |
| Original | 10 6 2 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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